

# Mucopurulent Cervicitis (MPC) or Verified Contact to MPC Treatment

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain medical director's signature.

Standing order must include the effective start date and the expiration date.

## Assessment

### Subjective Findings\*

Clients may present with the following history:

- Abnormal vaginal discharge
- Intermenstrual vaginal bleeding
- Vaginal bleeding after sex
- Asymptomatic

\*Subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

The STD ERRN or RN must assess and document at least one (1) verified finding in numbers 1-3 below before implementing treatment for an asymptomatic contact.

### Verified Criteria

Recent (within 60 days) exposure or if exposure greater than 60 days before onset of index client's symptoms, partner of last sexual encounter to MPC:

1. client presents a partner notification card
2. client provides name of sexual partner(s) and public health nurse verifies diagnosis of named sexual partner by calling the index case's medical provider or by speaking directly to the index case. (**NOTE:** MPC is not reportable in NC EDSS)
3. a MD or medical provider, or Disease Intervention Specialist (DIS) refers client

*Note: A STD screening examination is recommended in all of the above scenarios.*

### Objective Findings:

Clinical documentation of lab criteria 1 below **PLUS** one criterion from physical examination criteria 2 or 3 before implementing treatment

Documented by lab result:

1.  $\geq 10$  WBCs on wet prep in addition to clinical findings listed below

*Note: do not wait for GC or NAAT test results before treating if client's situation meets other criteria listed*

### **PLUS**

Documented physical finding on examination:

2. Yellow OR Green pus from the endocervical os. Must be able to visualize and document yellow or green discharge on white cotton-tipped swab removed from the cervical os (not vaginal vault), or
3. sustained endocervical bleeding (flows into speculum and continues after wiped with large Q-tip swab) easily induced by gentle passage of a small swab through the cervical os.

## Plan of Care

### Implementation

A registered nurse employed or contracted by the local health department may administer or dispense treatment for MPC by standing order for verified contacts or when adequate objective findings listed above are documented in the medical record.

1. Administer Ceftriaxone 250 mg IM in a single dose PLUS, Azithromycin 1 gm PO in a single dose as dual drug treatment, or  
***\*The above may be used in patients reporting allergy to penicillin IF that allergic response does NOT include anaphylaxis, Stevens-Johnson or toxic epidermal necrolysis.***

- If the client has a history of anaphylaxis when given a penicillin and/or cephalosporin medication, contact a medical provider for a consult and/or individual treatment order.

- If the client is pregnant and reports intolerance or allergy to Azithromycin, penicillins and/or cephalosporins obtain a medical provider consult and individual treatment order(s) for dual treatment.

**ALTERNATIVE TREATMENTS: (check qualifiers for each regimen closely!)**

2. Administer Cefixime 400mg PO in a single dose PLUS, Azithromycin 1 gm PO in a single dose as dual drug treatment, if Ceftriaxone 250 mg is NOT available and the client is NOT pregnant, or
3. Administer Gentamicin 240 mg IM single dose PLUS, Azithromycin 2 gm PO in a single dose, if client has a documented allergy to cephalosporins and is NOT pregnant, or
4. Administer Ceftriaxone 250mg IM in a single dose PLUS dispense Doxycycline 100 mg BID PO X 7 days, the client has a documented allergy to Azithromycin (macrolides) AND is not pregnant, or
5. Administer Cefixime 400 mg PO in a single dose PLUS dispense Doxycycline 100 mg BID PO X 7 days, if Ceftriaxone 250 mg is NOT available AND the client has a documented allergy to Azithromycin (macrolides) AND is NOT pregnant

Nursing Actions

- A. Review findings of the clinical evaluation with the client. Provide client-centered STD education, including verbal and written information concerning:
  1. laboratory tests that he/she received
  2. instructions for obtaining laboratory test results
  3. information about the diagnosis
  4. correct condom use, as well as client-specific counseling and literature about personal risk reduction behavior
  5. if Bacterial Vaginosis or Trichomoniasis is diagnosed on the same visit, treat them concurrently as identified.
- B. Advise client to:
  1. abstain from sexual intercourse for 7 days after single-dose therapy or until completion of 7 day medication regimen
  2. advise client to abstain from sex until 7 days after partner(s) have completed their treatment
  3. disinfect diaphragm with 70% isopropyl (rubbing) alcohol, if this is client's method of birth control
  4. use back-up contraceptive while on medication and for 7 days after completion of medication for female clients who are taking oral contraceptives
  5. deliver partner notification card(s) for all recent (within 60 days) sexual partner(s) or if last exposure was > 60 days before onset of symptoms, instruct the client to notify the most recent sexual partner(s) they are to have an STD examination, testing, and treatment
  6. notify all sexual partners to carry the partner notification card to their medical provider or local public health department
  7. abstain from douching
  8. learn the relationship between STDs and the acquisition of HIV request
  9. repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)

- C. Inform the client about the specific medication(s) administered and/or dispensed:
- Ceftriaxone, and/or
  - Cefixime, and/or
  - Azithromycin, and/or
  - Gentamicin and/or
  - Doxycycline, and/or
- D. Counsel the client regarding the prescribed medication:
1. inquire and document the type of reactions the client has experienced in the past when taking the ordered medication
  2. advise client that (s)he may experience side effects: such as nausea, vomiting, cramps, diarrhea or headache.
  3. if medication is vomited within 2 hours or is visualized in vomitus after taking a one-time dose of oral medication return to the clinic as soon as possible.
  4. caution female clients not to get pregnant while taking Doxycycline.
- E. Additional instructions::
1. return to clinic if symptoms persist, worsen, or re-appear 2 weeks after treatment
  2. return to clinic if the client develops abdominal pain or oral temperature greater than 101° F
- F. Criteria for Notifying the Medical Provider
1. contact health department medical director or medical provider if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy for the medication provided in the standing orders
  2. **DO NOT ADMINISTER TREATMENT** and consult with local health department medical director or medical provider if any of the following conditions are present:
    - acute abdominal tenderness or rebound tenderness on examination
    - adnexal tenderness on examination
    - cervical motion tenderness on examination
    - sustained cervical bleeding on exam or ANY reported vaginal spotting/bleeding by a pregnant client
    - oral temperature  $\geq 101^{\circ}\text{F}$

Approved by: \_\_\_\_\_ Date approved: \_\_\_\_\_  
Local Health Department Medical Director

Reviewed by: \_\_\_\_\_ Date reviewed: \_\_\_\_\_  
Director of Nursing/Nursing Supervisor

Effective Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**Legal Authority:** Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)